04272

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Galena
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Galena
STREET ADDRESS (If rural, give location) Olivet Hill

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) (Last) BANKS
4. DATE OF DEATH (Month) April (Day) 18 (Year) 1952

5. SEX F
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH about 1887
9. AGE last birthday about 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Banks
14. MOTHER'S MAIDEN NAME Maria Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Daniel Wilson, Galena, Md. + Insurance policies

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inanition + Toxemia due to gangrenous feet	2-3 weeks
455X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old chronic putrefying ulcers on both legs. Sustained by burns | 6-7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown Md DATE SIGNED 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 24 1952
NAME OF CEMETERY OR CREMATORY Sassafras Colored Cem.
LOCATION (City, town, or county) Sassafras (State) Md

DATE REC'D BY LOCAL REG. April 23, 1952
REGISTRAR'S SIGNATURE ~~Sassafras Colored Cem.~~ Elizabeth J. Mulford
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
APR 28 1952
BUREAU V. S.

04273

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent + Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MD. — COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) (Last) BOONE
4. DATE OF DEATH: (Month) APRIL (Day) 25 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED
8. DATE OF BIRTH: SEPT 2, 1907
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: HARRY GOODMAN
14. MOTHER'S MAIDEN NAME: ANNIE WALBERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF BREAST C

170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METASTASES TO ABDOMEN — 5 YRS

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 9, 1952, to APR 24, 1952, that I last saw the deceased alive on APR 24, 1952, and that death occurred at 2 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] Bulbrandsen, MD — ADDRESS: Chestertown, 1 — DATE SIGNED: APR 25, 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: 4/29/52 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county): Still Pond, (State) Md.

DATE REC'D BY LOCAL REG.: April 25-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes, — 24. FUNERAL DIRECTOR: B. R. Fellows — ADDRESS: Still Pond, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04274

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) less than 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Worton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Louise (Last) Cassell

4. DATE OF DEATH (Month) April (Day) 23 (Year) 1952

5. SEX Female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 22, 1950
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Cassell
14. MOTHER'S MAIDEN NAME Bernett Whye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Bernett Whye - Worton, Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Dead on arrival at hospital. Illness was of acute febrile nature & lasted 3 days. There was complaint of abdominal pain, which was apparently severe at times.

Immediate cause (a)

785.5 Antecedent cause(s) Slight amount of vomiting.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(a) Severe, overwhelming infection, cause unknown — 3 days

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1952, to 4-23, 1952, that I last saw the deceased alive on 4-23, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert W Farr (Degree or title) MD. ADDRESS Chestertown, Md. DATE SIGNED 4/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 25 1952
NAME OF CEMETERY OR CREMATORY Butterton Cemetery
LOCATION (City, town, or county) (State) Worton Kent Co. Maryland

DATE REC'D BY LOCAL REG. April 25-1952
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04275

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H. (Last) Cooper

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 31 1858

9. AGE last birthday: 93 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWNER

11. BIRTHPLACE (State or foreign country): KENT Co Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSEPH COOPER

14. MOTHER'S MAIDEN NAME: GEORGETTA ORRADINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO

16. SOCIAL SECURITY No.: NO

17. INFORMANT AND ADDRESS: MRS EDGAR CHAIRES STILL POND, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina Pectoris

420.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerosis

(c) Scotish Hernia or Hydrocle.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952 to April 13, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 1030 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M.D. ADDRESS Still Pond DATE SIGNED 4/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Apr. 15, 1952 NAME OF CEMETERY OR CREMATORY: Chester Cem LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG. 4/15/52 REGISTRAR'S SIGNATURE E. Kunard Jones

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

RECEIVED
APR 17 1952
BUREAU V. S.

C. Tuesday 26

Emmanuel Church

Mrs. Clark Barnes
Queen St. Chestertown

MARYLAND STATE DEPARTMENT OF HEALTH

04276

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Chestertown — LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown (Rural)
STREET ADDRESS (If rural, give location) 2 mile north on WS Rte 213

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Calley (Last) Dickinson
4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept 15, 1862
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Dickinson
14. MOTHER'S MAIDEN NAME: Ursula Cottey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. Margaret Laney, Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~Cachexia~~ Cachexia -	2 months
725 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ~~Arthritis~~ Arthritis of spine (lumbosacral)	3 months
	(c) Refused all food in past 2 months -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	2 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I attended the deceased from* ~~April 25, 1952~~ *to* April 28, 1952. *I last saw the deceased alive on* April 28, 1952. *Death occurred (hour)* 9:20 p.m. *The cause of death was as stated above.*

SIGNATURE: Robert W. Farr (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 4/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 1-1952 — NAME OF CEMETERY OR ~~CREMATORY~~: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: April 29-1952 — REGISTRAR'S SIGNATURE: Clara L. Barnes. — 24. FUNERAL DIRECTOR — ADDRESS: Baxter Bros Centreville Md.

VS. A15A

RECEIVED
MAY 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04277

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broad Neck - R.R. 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
STREET ADDRESS (If rural, give location) Broad Neck - R R - 3

3. NAME OF DECEASED (Type or Print) (First) George (Middle) E)lwood (Last) Dowling

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 2, 1870

9. AGE last birthday 81 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Owner)

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Columbus Dowling

14. MOTHER'S MAIDEN NAME Martha Arena Hague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. George E. Dowling. Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 years

4227 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to April, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 4-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr. 5, 1952

NAME OF CEMETERY OR CREMATORY St. Paul's Cem.

LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REG. April 3-1952

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014278

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 1 ½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Annes Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) V. (Last) Edwards

4. DATE OF DEATH: (Month) Apr (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: MAR 2 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Downey

14. MOTHER'S MAIDEN NAME: MARY STEVENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	32 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atherosclerosis - Diabetes mellitus	Unknown
	(c)	

420.1 (260X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 12, 1952, to Apr. 13, 1952, that I last saw the deceased alive on Apr. 13, 1952, and that death occurred at 7:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rock Hall, Md April 14, 52 Willard F. Smith MD

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 16 1952	Wesley Chapel	Nr. Rock Hall md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 15-1951	Clara L. Barnes	J. Willis Wells	Chestertown, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 17 1952
BUREAU V. S.

Item 18 Film G142 4-21-52 ams

11:20 A.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chaptown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Chaptown

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) Linwood (Last) Gaines

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8 1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster & fish

11. BIRTHPLACE (State or foreign country): Rock Hall Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A.

13. FATHER'S NAME: (Late) John Johnson

14. MOTHER'S MAIDEN NAME: (Late) Jane Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Rosie Butler Gaines. - Rock Hall, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	several weeks
444 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BENIGN Hypertension, auricular fibrillation	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1952, to April 1, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 9 1952 — NAME OF CEMETERY OR CREMATORY: Chaptown Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland.

DATE REC'D BY LOCAL REG.: April 9-1952 — REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR — ADDRESS: Marvin V. Williams, Chestertown Md.

RECEIVED
APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14280

203

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Rural. — LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Rock Hall
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Neddie (Middle) Irene (Last) Gale

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug 25. 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kent Co

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: John R. Dowling

14. MOTHER'S MAIDEN NAME: Annie Joiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT: Wm F. Gale husband.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrage

331.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyper Tension

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1952, to 4/18, 1952, that I last saw the deceased alive on 4/17, 1952, and that death occurred at 5-30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E Kerbin M.D. Chester Rock Hall 4/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. — DATE THEREOF: April 20-1952 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall Kent Md.

DATE REC'D BY LOCAL REG. 4/20/52 — REGISTRAR'S SIGNATURE: S Elwood Burgess — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Edwards Hill Md.

VS. A15

RECEIVED
APR 23 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014281

Reg. Dist. No. 2.0.21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY KENT; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANN HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RD #3 CHESTERTOWN, MD.
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) JOHN (Last) GOSMAN

4. DATE OF DEATH: (Month) APRIL (Day) 23 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~ MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: NOV 9, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): STILLPOND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: HENRY GOSMAN

14. MOTHER'S MAIDEN NAME: ALETHEA CAMPBELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	4 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DIS	UNKNOWN
443X	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from APR 20, 1952, to APR 23, 1952, that I last saw the deceased alive on APR 27, 1952, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Fullerton MD ADDRESS Chestertown Md DATE SIGNED 4/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/26/52

NAME OF CEMETERY OR CREMATORY: I.U. Churchyard

LOCATION (City, town, or county) (State): Worton, Md.

DATE REC'D BY LOCAL REG.: April 25-1952

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: Still Pond, Md.

RECEIVED
APR 29 1952
BUREAU U. S.

04282

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Cannon

3. NAME OF DECEASED (Type or Print) (First) Emma L (Middle) (Last) Haddaway

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 5-19-85
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August Geiser
14. MOTHER'S MAIDEN NAME Alfonsie Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory failure	4 hours
560.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Postoperative shock	12 hours
	(c) Myocarditis, chronic	4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-28-52
19b. MAJOR FINDINGS OF OPERATION Rt. diaphragmatic hernia; cholecystitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1952, to 4-28, 1952, that I last saw the deceased alive on 4-29, 1952, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE A. C. Wick (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 1, 1952
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown (State) Maryland

DATE REC'D BY LOCAL REG. April 30-1952
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mrs.

Thursday 11 A.M.

Williams Funeral Home

Chester Cemetery

Vault

Rev. Grover Thays

RECEIVED
MAY 2 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04283

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md
STREET ADDRESS (If rural, give location) 347 High ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	AUGUSTUS	JONES	4	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	W	Aug 17 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
His own Shop	Barber	Chestertown Md.	USA

13. FATHER'S NAME: John Jones
14. MOTHER'S MAIDEN NAME: Louisa Comegys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Harold P. Jones 344 Cannon ST. - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	20 hours
3314 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular hemorrhage:	24 hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1952, to 4/24, 1952, that I last saw the deceased alive on 4/24, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Ensor	M.D.	Chestertown, Md.	4/24/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 29, 1952	Janes' Col. Cem.	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 27, 1952	Clara L. Barnes.	J. Willis Wells Chestertown, Md.

RECEIVED
APR 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114284

Reg. Dist. No. 2 0 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown RFD3
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Broadneck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: (Same); COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mrs. ANNIE (Middle) ELIZABETH (Last) MATTHEWS

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: May 31, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Warwick, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ringold Rose Beck

14. MOTHER'S MAIDEN NAME: Rachael E. Pennington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. WALKER LAMB, Chestertown RFD3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 48 hrs

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis - Arteriosclerotic Heart Disease — Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1952 to 4/5, 1952, that I last saw the deceased alive on 4/4, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Ensor, M.D. ADDRESS: Chestertown Md. DATE SIGNED: 4/5/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Apr. 8, 1952 | NAME OF CEMETERY OR CREMATORY: Chester Cem. | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG'R: April 7, 1952 | REGISTRAR'S SIGNATURE: Clara L. Barnes,

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells Chestertown, Md.

RECEIVED
APR 9 1952
BUREAU V. S.

Item 18 Film G143 6-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04285

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WARREN (Middle) (Last) PAYNE
4. DATE OF DEATH (Month) (Day) (Year) April 21, 1952

5. SEX M
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH unknown
9. AGE last birthday unknown If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. Yes unknown
17. INFORMANT AND ADDRESS Will Brown, Chestertown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Hypertensive & arteriosclerotic cardio vascular disease.

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) at present unknown — autopsy tissues

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) toxicological examinations being made

(c) by Chief Medical Examiner — Dr. Russell Fisher

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert W. Farr (Degree or title) M-D. ADDRESS Chestertown, Md. DATE SIGNED 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 24, 1952
NAME OF CEMETERY OR CREMATORY Janes Col. Cem.
LOCATION (City, town, or county) (State) Chestertown, Md

DATE REC'D BY LOCAL REG. April 24-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR ADDRESS J. Willis Wells- Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#4286

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) M. (Last) Sewell

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 1, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Hersch

14. MOTHER'S MAIDEN NAME: Mary Emily Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Clarence Hersch Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 28 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1952, to April 26, 1952, that I last saw the deceased alive on April 25, 1952, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard F. Smith M.D Rock Hall, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 4/29/52 | NAME OF CEMETERY OR CREMATORY Westley Chapel | LOCATION (City, town, or County) Rock Hall (State) Md.

DATE REC'D BY LOCAL REG. April 28-1952 | REGISTRAR'S SIGNATURE Clara L. Barnes | 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

RECEIVED
APR 30 1952
BUREAU V. S.

014287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pomona

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near - Chestertown, Md
STREET ADDRESS (If rural, give location) Pomona

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) Elias (Last) Strong
4. DATE OF DEATH (Month) (Day) (Year): Apr. 5, 1952 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 30, 1892
9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. D. Elias
14. MOTHER'S MAIDEN NAME: Deborah Comas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, specify war or dates of service):
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Arthur Strong Chestertown, Md. (Pomona)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrage

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from July, 1951, to April 5, 1952, that I last saw the deceased alive on April 4, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
E Keeler MD Rock Hall and 4/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 9, 1952
NAME OF CEMETERY OR CREMATORY: Pomona Cem.
LOCATION (City, town, or county) (State): nr. Chestertown, Md.

DATE REC'D BY LOCAL REG.: April 7-1952
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1952
BUREAU V. S.

04288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queene Anne Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): 214 E. Queene ST.

3. NAME OF DECEASED (Type or Print): Mrs. MARION W. STRONG (First) (Middle) (Last)
4. DATE OF DEATH: Apr. 4 1952 (Month) (Day) (Year)
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Sept 15, 1891
9. AGE last birthday: 60 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent County, Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: James E. Woodall
14. MOTHER'S MAIDEN NAME: Josephine Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mr. Howard B. Strong, Sr. Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 5 days

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1951, to Apr. 4, 1952, that I last saw the deceased alive on Apr. 3, 1952, and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert E. Enoor, MD. — ADDRESS: Chestertown, Md. — DATE SIGNED: 4/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 6, 1952 — NAME OF CEMETERY OR CREMATORY: Georgetown Cemetery — LOCATION (City, town, or county): Georgetown Kent Co. (State): Md.

DATE REC'D BY LOCAL REG.: April 6-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11289

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 QUEEN ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCK HALL
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) CARTER (Last) WHALAND
4. DATE OF DEATH: (Month) APR (Day) 10 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: NOV 19, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): QUEEN ANNE'S COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: WILLIAM CARTER
14. MOTHER'S MAIDEN NAME: SUSAN CANNON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: MRS BLANCHE DAVIS - ROCK HALL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF BREAST & METASTASES — 1 yr

1707 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/24, 1951, to 4/10, 1952, that I last saw the deceased alive on 4/4, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Fulbrandsen, MD — ADDRESS Chestertown, Md — DATE SIGNED 4-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF April 13, 1952 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cem. — LOCATION (City, town, or county) (State): Near Rock Hall, Md.

DATE REC'D BY LOCAL REG: April 10-1952 — REGISTRAR'S SIGNATURE: Claire L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1952
BUREAU V. S.